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| MA 1001-1 | |
| Department of Public Health and Human Services | Section: HOME & COMMUNITY BASED SERVICES/WAIVER |
| MEDICAL ASSISTANCE | Subject: Resource Assessments |

Supersedes: MA 1001-1 (01/01/08)

Reference: 42 CFR 435.217; ARM 37.40.1401, .1406-.1408; ARM 37.82.101

GENERAL RULE -- Resources owned individually or jointly by members of a married couple on the first day of the month of physically disabled (WD), aged (WA) or Developmental Disabilities (WO) waiver participation will determine the non-waiver spouse's resource maintenance allowance. Only one resource assessment will be completed for each spouse. A resource assessment must be completed even if the spouses have not resided together for any length of time.

When a resident leaves waiver placement and is later re-enrolled, a new resource assessment is **not** completed; resource eligibility must be determined at re-admission based on the combined resources of both spouses. The original CSRMA for the non-waiver spouse will be allowed.

If a waiver participant loses Medicaid eligibility during a continuous period of waiver participation and later reapplies for Medicaid, resource eligibility for the waiver spouse will be based solely on the assets owned (in whole or in part) by the waiver spouse.

If the waiver participant loses Medicaid eligibility and leaves the waiver program or nursing home care, subsequent Medicaid eligibility for a new waiver placement will be based on the combined resources of both spouses; the original CSRMA for the non-waiver spouse will be allowed.

If a Medicaid recipient moves from waiver participation to a residential nursing facility or from a residential nursing facility to waiver placement, a new resource assessment is **not** completed. A resource assessment, once completed, is applicable to both types of placement.



A resource assessment may be completed whether or not an application has been completed. **However, a resource assessment may only be completed when one member of the couple is reasonably certain to be entering the waiver program as a Medicaid recipient within 30 days** for a continuous period of at least 30 days, **is currently enrolled in the waiver program as**

a Medicaid patient for a continuous period of at least 30 days (in the case of a unmarried Medicaid waiver recipient getting married), **or is a resident of a nursing facility.** In the case of a married person reasonably certain to be entering the waiver program as a Medicaid recipient within 30 days for a continuous period of at least 30 days, if waiver placement does not occur, the resource assessment becomes void, and is not considered to be "completed".

A resource assessment will **not** be completed if both members of a couple are enrolled in the waiver program, or if the non-waiver spouse is institutionalized. In both of these situations, each spouse is treated as an individual.

CONTINUOUS PERIOD OF PARTICIPATION

A continuous period of participation consists of 30 or more consecutive days of expected participation in the waiver program or institutionalization. The 30 days may include days of hospitalization or nursing home placement.

COMMUNITY (NON-WAIVER) SPOUSE RESOURCE MAINTENANCE ALLOWANCE (CSRMA)

The non-waiver (community) spouse's resource maintenance allowance is based on the couple's combined countable resources (without regard to ownership). The amount attributable to the non-waiver spouse is based on combined countable resources owned the first day of the month of the first continuous period of waiver participation or institutionalization.

For HCBS/Waiver participants with non-waiver spouses who began participation in the Medicaid waiver program prior to July 1, 2002, an initial resource assessment will be done at the first redetermination due during or after May 2003. Resource assessments for this group only will be based on the combined countable resources owned as of the first day of the month in which the redetermination is due.



NOTE: Pre- and post-nuptial agreements have no bearing on the resource assessment process. All resources, whether owned individually or jointly by a married couple, must be considered when completing the resource assessment.

The amount of the community spouse's resource maintenance allowance is the greater of:

1. One-half (not to exceed maximum CSRMA---see MA 005 for maximum) the combined countable resources;

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2. Montana's minimum resource maintenance allowance (see MA 005 for minimum);
3. An amount designated by a hearings officer; or
4. An amount that has been court ordered.

Spousal shares do not change after a resource assessment has been completed.

Example: Jolene had a resource assessment completed in 1998; the CSRMA in 1998 was \$80,760. She is applying for waiver coverage in 2006. Although the maximum CSRMA has increased in 2006, her non-waiver spouse is only permitted to retain \$80,760 as calculated in 1998.

Example: Mike entered waiver under a private pay arrangement in October 2003 but did not request a resource assessment until March 2006. Complete the resource assessment based on assets owned in October 2003 and calculate his non-waiver spouse's resource maintenance allowance based on the 2006 standards.

Example: Donna began receiving Medicaid under waiver in December 1997, after transferring all resources to her non-waiver spouse. When her redetermination became due in June 2003, a resource assessment based on resources owned by either or both spouses on June 1, 2003 was completed. Resource eligibility for July 1, 2003 was based on this resource assessment. If she was no longer eligible for Medicaid, timely notice was required.

REVISING THE CSRMA

The amount of the non-waiver spouse's resource maintenance allowance may be revised when:

1. The non-waiver spouse's income, including the Spousal Income Maintenance Allowance, is inadequate to meet the minimum spousal income allowance;

NOTE: The amount of additional resources allocated to the non-waiver spouse must be determined by a hearings officer and must be agreeable to the waiver spouse.

2. The initial assessment was alleged to be incorrect and the hearings officer confirms the allegations; or

NOTE: Hearings must be conducted within 30 days of the hearing request.

3. Inaccurate information was provided to the county eligibility staff by any source.

**COUNTABLE
RESOURCES OF
THE WAIVER
SPOUSE**

Calculate the waiver spouse's countable resources as follows:

Combined countable resources
- Non-waiver spouse's resource maintenance allowance
= Waiver spouse's countable resources

The waiver spouse will be resource eligible when the couple's combined countable resources do not exceed the resource limit for an individual (currently \$2,000) plus the non-waiver (community) spouse resource maintenance allowance (CSRMA).

Example 1:

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|--------------------------------------|-----------|
| Combined countable resources | \$ 25,000 |
| CSRMA (2008 standard used) | - 20,880 |
| Resources available to waiver spouse | \$ 4,120 |

The waiver spouse will be eligible when combined countable resources do not exceed \$22,880 (CSRMA of \$20,880 plus the waiver spouse's \$2,000).

Example 2:

| | |
|--------------------------------------|-----------|
| Combined countable resources | \$100,000 |
| CSRMA | - 50,000 |
| Resources available to waiver spouse | \$ 50,000 |

The waiver spouse will be eligible when combined countable resources do not exceed \$52,000 (CSRMA of \$50,000 plus the waiver spouse's \$2,000).

Example 3:

| | |
|--------------------------------------|-----------|
| Combined countable resources | \$250,000 |
| CSRMA (2008 standard used) | - 104,400 |
| Resources available to waiver spouse | \$145,600 |

The waiver spouse will be eligible when combined countable resources do not exceed \$106,400 (CSRMA of \$104,400 plus the waiver spouse's \$2,000).

TRANSFER OF RESOURCES COMPRISING THE CSRMA

Within 90 days after the waiver spouse has been determined Medicaid eligible, all resources that will make up the 'non-waiver' (community) spouse resource maintenance allowance' must be legally transferred to the non-waiver spouse.



NOTE: If resources are not transferred within the 90-day time frame, the value of all countable resources still legally owned by the waiver spouse are counted to determine the waiver spouse's eligibility, and may result in ineligibility.

NOTICE

Both members of a couple must receive notice of the non-waiver (community) spouse's resource maintenance allowance. Each individual has the right to appeal the resource maintenance allowance determination.

NOTE: After Medicaid eligibility has been determined, if the non-waiver spouse must transfer resources which comprise the CSRMA into his/her name only, include the 90 day time limit on the notice.

► WAIVER SPOUSE ACQUIRES ADDITIONAL RESOURCES

If additional resources are received by the waiver spouse after eligibility for waiver coverage has been established:

1. There will be no effect on eligibility if the new resources, combined with the waiver spouse's other resources, do not exceed the resource standard for one.
2. The resources will be exempt for 90 days if the waiver spouse intends to transfer the new resources to the community spouse, AND the community spouse's initial CSRMA was less than Montana's minimum resource maintenance allowance. In order to allocate new resources, the waiver spouse must
 - a. Report the receipt within 10 days; and
 - b. Provide a statement of intent to transfer the new resource to the community spouse.
3. The resources will be included in the resource determination for the waiver spouse if the community spouse's initial CSRMA was at least equal to Montana's minimum resource maintenance

Reminder!!
If the
community
spouse buys
an annuity after
Medicaid is
open, it must
still be
assigned to the
State per
MA 402-1.

allowance. If the waiver spouse transfers or diverts the additional resources to the community spouse anyway, the transfer or diversion will be treated as an uncompensated asset transfer.

NON-WAIVER SPOUSE ACQUIRES ADDITIONAL RESOURCES

If the non-waiver spouse receives additional assets after a resource assessment has been completed and applied, and Medicaid has been approved for the waiver spouse, the additional assets will have no effect on the eligibility of the waiver spouse. However, the non-waiver spouse's income maintenance allowance should be redetermined if the additional assets will generate income.

REAPPLICATION AFTER CLOSURE

When the Medicaid eligibility of an institutionalized/waiver spouse ends for any reason and a new Medicaid reapplication is submitted after the effective date of the closure, the individual may be considered a spouse or an individual for Medicaid eligibility determination purposes, depending on the length of the break in Medicaid eligibility and whether there was a break in institutionalization/waiver.

If there has been at least a full calendar month break in institutionalization/waiver and Medicaid eligibility, the original CSRMA is used in making the resource eligibility determination based on the combined resources of both spouses at reapplication.

If there has not been a 30-day break in both institutionalization and Medicaid eligibility, the institutionalized spouse is treated as an individual for Medicaid eligibility determination purposes. The resources of the spouses are not combined, and no CSRMA is allowed. Additional assets cannot be transferred to the community spouse without evaluating as an uncompensated asset transfer.

PROCEDURE

Responsibility

ACTION

Waiver Case
Manager

1. Inform new resident/spouse/representative that resource assessments are available upon request.

Applicant/Spouse/
Representative

2. Contact county office for appointment; appear for interview if requested; provide required documentation/verification.

Eligibility Case
Manager

3. Advise requesting party of relevant documentation and verification necessary to complete the assessment.

NOTE: When requested information is not provided within 45 days, advise requesting party that assessment cannot be completed.

4. Complete assessment after reviewing verification/documentation.
5. Distribute copies of the assessment to the:
 - a. husband;
 - b. wife; and
 - c. county file.

NOTE: Either spouse can appeal the outcome of a resource assessment after a Medicaid application is completed.

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